

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/601,795
Filing Date	June 23, 2003
First Named Inventor	Morris Samelson
Art Unit	1615
Examiner Name	Channavajjala, Lakshmi Sarada
Attorney Docket Number	P-5435(DIV2)

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

*Applicant has failed to pay attorneys fees
for services rendered in the preparation of this application.*

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

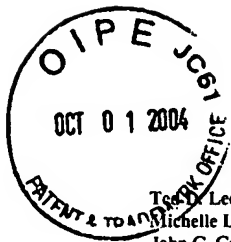
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Morris Samelson				
Address	Earth Salts International, Inc 11729 Warfield				
City	San Antonio	State	Texas	Zip	78216
Country	USA				
Telephone	210-669-6656	Fax			
Signature	<i>Michelle L. Evans</i>				
Name	Michelle L. Evans	Registration No.	44,673		
Date	9/30/2004	Telephone No.	210-886-9500		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Tea Lee*
Michelle L. Evans
John C. Cave
Miguel Villarreal, Jr.
Robert A. McFall °

Of Counsel:
Kenneth A. Keeling†
James E. Hudson III†
Kimberly Dinkins†

10/04/04
GUNN & LEE, P.C.

Attorneys at Law
700 N. St. Mary's Street, Suite 1500
San Antonio, Texas 78205
Telephone: (210) 886-9500
Facsimile: (210) 886-9883

E-mail: «Email»@gunn-lee.com
Web Site: www.gunn-lee.com

IEW
* Board Certified -
Civil Trial Law
° Patent Agent Consultant
† Houston, Texas, Office
(713) 680-1447
C. Donald Gunn
(1936-1999)

P-5435(DIV2)

September 29, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Serial No. 10/601,795 filed June 23, 2003 entitled "Ultra Fine Dead Sea Mineral Compound and Method of Manufacture"

Dear Sir:

Enclosed please find the following items for filing on the above referenced patent:

1. Request for Withdrawal as Attorney or Agent and Change of address correspondence address
2. Certificate of mailing.

Please stamp the enclosed acknowledgment card with the date of receipt and return to my office.

Sincerely,

Michelle L. Evans

Enclosures

cc: Morris Samelson

MLE/mb

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CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450," as follows:

<p style="text-align: center;"><u>37 CFR 1.8(a)</u></p> <p><input type="checkbox"/> With sufficient postage as First Class Mail.</p> <p>Date: _____, 2004</p>	<p style="text-align: center;"><u>37 CFR 1.10</u></p> <p><input checked="" type="checkbox"/> As "Express Mail Post Office to Addressee", Mailing Label No. <u>EV400366064US</u></p> <p>Date: <u>1 Oct.</u>, 2004</p>
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Documents Enclosed:

1. Request for withdrawal as Attorney or Agent and change of correspondence address.

Miranda S. Barlow

Printed Name of Person Mailing Paper or Fee

Miranda S. Barlow

Signature of Person Mailing Paper or Fee